

<b>Case Number:</b>	CM13-0069257		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/04/1999
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 73-year-old woman with a date of injury of 02/04/99. She was seen by her primary treating physician on 10-24-13 with complains of severe low back which was causing difficulty with her activities of daily living such as bathing and dressing. She was ambulatory with a quad cane and had difficulty standing from a seated position. She had a positive straight leg raise bilaterally with intact strength and forward flexion of her lumbar spine to 30 degrees and extension to 10 degrees. Her diagnoses were status post circumferential fusion, L4-5 and intermittent lumbar radiculopathy. Her husband was her primary caregiver but could no longer give assist due to health issues of his own. Home health care assistance services at 6 hours per day for 7 days per week were requested and are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**The request for Home Health Care Assistance 6 hours a day time 7 days a week:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 51.

**Decision rationale:** This injured worker has chronic back pain with normal strength in her lower extremities. The records document difficulty with transfers, bathing and dressing and the request is for home health assistance services at 6 hours per day for 7 days per week as her husband can no longer serve as her primary caregiver. Per the MTUS, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request is for 42 hours per week which is beyond the recommended amount and for caregiver tasks such as bathing, dressing and transferring. The records do not substantiate that she is homebound. The records do not support the medical necessity for home health assistance services at 6 hours per day for 7 days per week. Therefore the request is not medically necessary.